

DECLARATION FOR PATENT APPLICATION WITH POWER OF ATTORNEY

Docket: 12742 B

As below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPLEX OF CLAY AND POLYOXYALKYLENE AMINE GRAFTED

POLYPROPYLENE AND METHOD FOR PRODUCING THE SAME

the specification of which (check one) ☒ is attached hereto; ☐ was filed on _____ as Application Serial No. _____ and was amended on _____ (or amended through, if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status--Patented, Pending or Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I (we) hereby appoint Charles E. Baxley, USPTO Reg. No. 20,149, whose Post Office address is: Hart, Baxley, Daniels & Holton, 59 John Street, Fifth Floor, New York, New York 10038, Tel: (212) 791-7200, Fax: (212) 791-7276, as my (our) attorney with full powers of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

Full name of First or Sole Inventor JIANG-JEN LIN	Citizenship TAIWAN, R.O.C.
Residence Address - Street 4F-1, NO.82, JEN YI STREET, SOUTH DISTRICT,	Post Office Address - Street 4F-1, NO.82, JEN YI STREET, SOUTH DISTRICT,
City (Zip) TAICHUNG,	City (Zip) TAICHUNG,
State or Country TAIWAN, R.O.C.	State or Country TAIWAN, R.O.C.
Date <input checked="" type="checkbox"/> DECEMBER 1, 2001	Signature <input checked="" type="checkbox"/> <i>Jiang Jen Lin</i>

☐ See second page for additional joint inventors.

Full name of Second Inventor CHEN, YI-CHIEN	Citizenship TAIWAN, R.O.C.
Residence Address - Street NO.180-8, SEC. 1, CHIA TUNG ROAD,	Post Office Address - Street NO. 180-8, SEC. 1, CHIA TUNG ROAD,
City (Zip) CHANG HUA CITY,	City (Zip) CHANG HUA CITY,
State or Country TAIWAN, R.O.C.	State or Country TAIWAN, R.O.C.
Date ✓ DECEMBER 1, 2001	Signature ✓ Chen Yi-Chien

Full name of Third Inventor	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date ✓	Signature ✓

Full name of Fourth Inventor	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date ✓	Signature ✓